



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PRESCRIPTION DRUG REPOSITORY PROGRAM
DONATED DRUG TRANSFER RECORD

NAME OF TRANSFERRING REPOSITORY SITE		ADDRESS OF REPOSITORY SITE		TELEPHONE NUMBER	
DRUG DISTRIBUTOR LICENSE NUMBER FOR TRANSFERRING REPOSITORY SITE (REQUIRED)					
DONATED PRESCRIPTION DRUG INFORMATION					
DRUG NAME	STRENGTH	MANUFACTURER	NDC (IF AVAILABLE)	LOT NUMBER	QUANTITY
SIGNATURE OF TRANSFERRING REPOSITORY SITE REPRESENTATIVE				DATE	
NAME OF RECEIVING REPOSITORY SITE				TELEPHONE NUMBER	
ADDRESS OF RECEIVING REPOSITORY SITE					
SIGNATURE OF TRANSFERRING REPOSITORY SITE REPRESENTATIVE				DATE	